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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | <table border="1"> <tr><td>Application Number</td><td>10/567,088</td></tr> <tr><td>Filing Date</td><td>7/21/2006</td></tr> <tr><td>First Named Inventor</td><td>KOBAYASHI</td></tr> <tr><td>Art Unit</td><td>1625</td></tr> <tr><td>Examiner Name</td><td>John Mabry</td></tr> <tr><td>Attorney Docket Number</td><td>1880/54</td></tr> </table> | Application Number | 10/567,088 | Filing Date | 7/21/2006 | First Named Inventor | KOBAYASHI | Art Unit | 1625 | Examiner Name | John Mabry | Attorney Docket Number | 1880/54 |
| Application Number | 10/567,088 | | | | | | | | | | | | |
| Filing Date | 7/21/2006 | | | | | | | | | | | | |
| First Named Inventor | KOBAYASHI | | | | | | | | | | | | |
| Art Unit | 1625 | | | | | | | | | | | | |
| Examiner Name | John Mabry | | | | | | | | | | | | |
| Attorney Docket Number | 1880/54 | | | | | | | | | | | | |

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number:

25297

 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number:

25297

OR

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| Telephone | Email | | |

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|----------------|-----------|--|
| Signature | | | |
| Name | Michio Ohara | | |
| Date | 24 August 2010 | Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 1 forms are submitted.

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